



# MOTOR – WINDSCREEN & GLASS CLAIM FORM

## INSURED

Name of Insured:

Physical Address:

Code

Postal Address:

Code

Policy No:

Contact Person:

Vat No:

Cell No:

Business Ph No:

## VEHICLE DETAILS

Make:

Model:

Year:

Registration Number:

## DETAILS OF LOSS

Date of Loss:

Time of Loss:

Description of Loss:

Is the damage repairable?:

Yes

No

## POLICY HOLDER BANK DETAILS

Name of Bank:

Account Holder:

Bank Code:

Account No:

Type of Account:

Signature of Account Holder:

Date:

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## INSURED DECLARATION AND SIGNATURE

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured:

Date:

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